

NOTICE OF INDEPENDENT REVIEW DECISION

May 23, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0599-01

IRO Certificate #: 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 52 year old male sustained an injury to his lower back on ____ when he was twisting and pulling causing sharp back pain radiating to the left thigh. The patient underwent a 3 level hemilaminectomy/discectomy at L2-3, L3-4 on 10/19/01. A recent CT myelogram has demonstrated vacuum disc at L2-3, severe disc degeneration and disc height loss at L3-4, and recurrent versus residual disc herniation at L2-3. In preparation for spinal surgery, the treating physician is recommending that the patient undergo a discogram.

Requested Service(s)

Lumbar discogram with CT scan.

Decision

A lumbar discogram with CT scan is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

When a spinal fusion is contemplated, it is vital for the treating physician to know the problematic levels that are being considered for surgical repair. A discogram is an invaluable diagnostic tool and should be a part of this patient's integrated treatment plan.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code '148.3). This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code '102.4(h) or 102.5(d)). A request for hearing, along with a copy of this decision notice, should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, Texas 78704-0012.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

cc: Injured worker
David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this _____ day of _____ 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: